



County of Loudoun, VA Return to Work Certification

Family and Medical Leave Act of 1993 – “FMLA”

Employer Name: County of Loudoun, VA
Contact Information: Barbara Wooten, Human Resources / Benefits
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Physician return to work certification is required before the employee reports for duty after a medical absence and must clearly indicate any limited duty as a return to work condition and applicable dates. Your responses should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Please limit your responses to the condition for which the employee is seeking leave.

_____ has been under my care and on leave under the Family Medical Leave Act (“FMLA”) because of a serious health condition that rendered the employee unable to perform the essential functions of his / her position. Currently, the employee is scheduled to return to work on _____. However, before the employee will be permitted to return to work, it is my understanding that the employee must submit a medical certification that they are able to return to work. This certification relates only to the particular health condition that caused the employee's need for medical leave.

I hereby certify that the employee is now able to perform the essential functions of his / her position and may return to employment in that or a similar position.

If there are limitations that prevent the employee from returning to work full-duty at this time, I have indicated those restrictions in detail below.

- ☐ Full-duty release
 - ☐ Limited duty release through _____ (indicate restriction(s) below)
 - ☐ Lifting restriction of _____ lbs.
 - ☐ Working no more than _____ hours per day, _____ days per week.
 - ☐ Standing or walking no more than _____ minutes at a time.
 - ☐ No driving or using heavy machinery.
 - ☐ No performing activities requiring concentration or significant decision making.
 - ☐ Other (please list below in detail).
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Signature of Health Care Provider

Date

Type of practice / Medical specialty

Phone #
